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PTO/SB/50 (modified) (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	18602-08098
	First Named Inventor	James D. Kelly et al.
	This application is a	Continuation of 10/006,939 which is
	Original Patent Number	REI of 5,996,036
	Original Patent Issue Date (Month/Day/Year)	Patent issued November 30, 1999
	Express Mail Label No.	EV342133814US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Original U.S. Patent for Surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant Previously surrendered in parent reissue application 10/006,939
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) from parent reissue application	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (executed) copy from parent reissue application (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) copies from parent reissue application	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO/SB/08A <input type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
	12. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. <input type="checkbox"/> Other: _____ _____ _____

14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

or Correspondence address below

00758

Name (Print/Type)	Daniel R. Brownstone	Registration No. (Attorney/Agent)	46,581
Signature			Date
			September 22, 2003

16591 U.S. PTO
10/669119
09/22/03



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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
18602-08301**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate		Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 2	****	0 =	x \$ ____ =	or	x \$ 18.00 =		
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 2	*	0 =	x \$ ____ =		x \$ 84.00 =		
Basic Fee (37 CFR 1.16(h))							\$ ____	\$ 750.00	
Total Filing Fee							\$ ____	OR \$ 750.00	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	*** 2	MINUS	** 20 =	* = 0	x \$ ____ =		or	x \$ 18.00 = 0.00
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 3 =	= 0	x \$ ____ =			x \$ 84.00 = 0.00
Total Additional Fee					\$ ____		OR	\$ 0.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. 19-2555 in the amount of \$ 750.00.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ to cover the filing fee is enclosed.

September 22, 2003
Date

Signature of Applicant, Attorney or Agent of Record

Daniel R. Brownstone, Reg. No. 46,581
Typed or printed name